



HERBERT A. TIMM  
Chief of Police

DEPARTMENT OF POLICE  
VILLAGE OF BURR RIDGE  
7660 COUNTY LINE ROAD  
BURR RIDGE, ILLINOIS 60521

ADMINISTRATIVE (630) 323-8181  
FAX (630) 654-4441

ALARM PERMIT REGISTRATION

1. DATE APPLYING: \_\_\_\_\_ 2. ACTIVE ALARM DATE: \_\_\_\_\_
3. BUSINESS OR RESIDENCE NAME: \_\_\_\_\_
4. BUSINESS OR RESIDENCE ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_
5. TYPE OF ALARM: \_\_\_\_\_ AUDIBLE ONLY: \_\_\_\_\_ CENTRAL ALARM STATION ONLY: \_\_\_\_\_  
AUDIBLE & CENTRAL ALARM STATION: \_\_\_\_\_  
OTHER (PLEASE INDICATE) \_\_\_\_\_
6. \_\_\_\_\_ CHECK IF ALSO USED AS FIRE ALARM \_\_\_\_\_ CHECK IF ALSO HOLD-UP ALARM
7. NAME OF ALARM COMPANY: \_\_\_\_\_
8. ALARM COMPANY ADDRESS: \_\_\_\_\_
9. ALARM COMPANY 24 HOUR EMERGENCY PHONE NUMBER: \_\_\_\_\_
10. DOES YOUR ALARM AUTOMATICALLY RESET? \_\_\_\_\_ YES \_\_\_\_\_ NO
11. EMERGENCY NUMBER OF AUTHORIZED PERSONS:  

NAME:	TITLE OR CAPACITY	PHONE:
_____	_____	( ) _____
_____	_____	( ) _____
_____	_____	( ) _____
12. I authorize the police department to contact the following Emergency Board-Up Company:  
BOARD-UP COMPANY NAME: \_\_\_\_\_ Phone: \_\_\_\_\_
13. REMARKS OR OTHER INSTRUCTIONS: \_\_\_\_\_
14. APPLICANT: \_\_\_\_\_  

Signature	Title	Phone
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(THIS INFORMATION IS TO BE RETURNED TO THE BURR RIDGE POLICE DEPARTMENT)